RAJYA SABHA

Wednesday, the 16th March, 1994 25th Phalguna, 1915 (Saka)

[The House met at eleven of the clock, **Mr. Chairman** in the Chair].

ORAL ANSWERS TO QUESTIONS

Indigenous manufacture of antiprogestron abortifacient

*241. SHRI MOHAMMED AFZAL alias MEEM AFZAL:
SHRIMATI KAMLA SINHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Hyderabad based Indian Institute of Chemical Technlogy has recently initiated work to develop technology for the indigenous manufacture of the anti-progesterone abortifacient RU 486; and

(b) if so, what are the details thereof?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN S INGH GHATOWAR): (a) and (b) Yes, Sir. Indian Institute of Chemical Technology has taken up the proect on development of innovationnfi ETAOI SHR CMF C CMFWY tive technology for the manufacture of abortive pill RU 486.

श्री मोहम्मद अफजल उर्फ मीम अफजल : चेयरमैन सर, जो सवाल का जवाब दिया गया है उसमें जो दूसरा पार्ट है उसकी तफसील नहीं बतायी गयी है । 10 जून, 1993 से लेकर अब तक बहुत सारे अखबारों में इस एबार्टिव पिल के बारे में मुख्तलिफ किस्म की रिपोर्टस आती रही हैं जिसमें इस पिल के इस्तेमाल करने की अच्छाइयां भी बयान की गयी हैं और इसके जो सीरियस साइड इफेक्ट्स हैं वे भी बताये गये हैं इसलिये इससे लोगों में कन्फ्यूजन है कि ये पिल्स कितनी कामयाब है । मैं मंत्री जी से यह जानना चाहता हूं कि इसकी टेक्नालाजी कहां से लायी गयी है । जो अखबारों से पता लगता है वह यह है कि यह फ्रांस से लायी गयी है । मैं यह जानना चाहता हूं कि क्या फ्रांस में इसका इस्तेमाल हो रहा है और इसके इस्तेमाल के लिये आपने क्या किया है?

MR. CHAIRMAN: You are asking: What are the harmful effects of this? What is your question?

SHRI MOHAMMED AFZAL alias MEEM AFZAL: He has not given the details. I am asking that he should clarify the position. What are the after-effects? What is the use of this pill? Will it be beneficial for the country or not?

SHRI PABAN SINGH GHATOWAR: Sir, this pill is already in use in the United Kingdom, France, Sweden and China. In our country, Sir; it is under clinical research. We have not yet used this pill in our country. In those countries, that is, in the United Kingdom, France; Sweden; and China, the result is very encouraging for using this pill to control population.

मोहम्मद अफजल उर्फ मीम अफजल : सर, मैं यह पूछना चाहता हूं कि क्या आप पापुलेशन कंट्रोल पालिसी के तहत इस पिल को आगे फ्यूचर में पूरे मुल्क में इस्तेमाल करने का इरादा रखते हैं ? अगर रखते हैं तो आपके यहां जो इसके डवलपमेंट का काम चल रहा है वह कब तक मुकम्मिल हो जायेगा और पूरे हिन्दुस्तान में इसको देने के लिये कितना टाइम लगेगा ?

SHRI PABAN SINGH GHATOWAR: Sir, we have completed the second phase of clinical trial. The third phase of clinical trial has not yet started. Permission to start the third phase of clinical trial is under consideration. So, after getting the full facts, after the clinical trial, the

†The question was actually asked on the floor of the House by Shri Mohammed Afzal alias Meem Afzal.

Government will decide using this pill in our national population programme.

SHRI MOHAMMED AFZAL alias NEEM AFZAL: I have asked as to how much time you will take for this. Have you any idea?

MR. CHAIRMAN: How can he mention the time? The laboratory is making the clinical trials. After the trials only, he can say. You cannot force him.

SHRI MOHAMMED AFZAL alias NEEM AFZAL: He can state some approximate time within which it will be completed. Usually, it is always done....

MR. CHAIRMAN: Is the Minister able say about time?

DR. C. SILVERA: The third clinical trial has to be abandoned because of want of raw material. The raw material comes from Sweden. And dependng on the availability of this raw material from Sweden, the third phase of clinical trial can be started. And it is not possible to give any indication as to when this will be put into practice.

SHRIMATI KAMLA SINHA: Sir, one particular advantage of this pill is that it ensures privacy of the person because one does not have to go to a doctor. On the contrary, the report that I have with me saya that it should be taken under medical observation only because after taking this pill, the lady may suffer from loss of haemoglobin or vomitting or acute hyper tension. I want to know from the hon. Minister whether it will be advisable to use this pill because if it is a part of population control programme, then we must have adequate number of doctors and other medical facilities in all the areas where this pill is to be used. So, I don't think the use of this pill is advisable. I want to know the Government's reaction.

DR. C. SILVERA: The countries where this medicine is being used are advanced countries where patients are attended to by the doctors and that is the reason why a study is going on in this country taking all these aspects into consideration.

SHRI B. SHANKARANAND: I would like to add that the question raised by the hon. Member deserves consideration. The observations made about the use of this pill, the side-effects and the afer-effects of using this pill are all matters which will be taken into consideration during our research. When the third phase phase of research is undertaken all these aspects will be taken into consideration.

SHRIMATI KAMLA SINHA: That means you will develop all the infrastructure before this medicine is marketed.

SHRI B. SHANKARANAND: This is a suggestion for action.

DR. JINENDRA KUMAR JAIN: This pill hwich is meant for early abortion is certainly an interesting option. But I have some reservations and I would like to know the reaction of the hon. Minister to my reservations on this new drug. Number one is, it is a very expensive medicine. When an early abortion can be conducted even in private clinics for Rs. 80/- only, the cost of this one pill is about Rs. 800/-. How will it be good for India's health care programme being conducted by the Ministry? My second reservation is, this pill can be used only for early abortion. Once this pill becomes popular for the abortion, how does the Government propose to tackle the problem of its misuse in the later gestations? If it is a case of early pregnancy the urban women, the educated women have cheaper and better ootions but if this drug gets currency as a drug which causes abortion and if the people take it in the late gestations, taking the current level of ignorance and lack of health

education, etc., the drug may cause more harm than good. That is my fear as a medical professional. The Ministry must have had some thinking on this subject and I would like to know their strategy.

DR. C. SILVERA: Presently, the pill is available at Rs. 600/- in the international market. The aim of the Indian Institute of Chemical Technology is to make this pill available at around Rs. 100/. About the second part of the question, the process is still on; clinical trial is going on and when the Government proposes to introduce this pill, I think those aspects will be taken care of.

SHRIMATI JAYANTHI NATARAJAN: Obviously, this abortifacient is a part of Government's on-going programme by which family planning and population control can be strictly enforced in the country. I want to ask the hon. Minister if he is aware of any agreement that the Government have signed with the US AID by which the Government of India agreed to have some hormone-based abortifacients for the women of U.P. in order to bring about large-scale population control there. Part (b) of my question is: what are the foreign aided projects for family control, like the abortifacient and other family planning devices that are dumped in India by foreign countries? What are the details regarding abortifacients that are being dumped by foreign countries in India? I would like to know specifically whether the U.S. AID has finalised an agreement with the Government of India to dump harmone-based abortifacients on the women of Uttar Pradesh, because there is a great deal of agitation over this allegated agreement.

SHRRI B. SHANKARANAND: Sir this question is not linked with the main question.

SHRIMATI JAYANTHI NATARAJAN: It is really surprising that abortifacient does not relate to the main question. Should we talk about GATT or something like that? (Interruptions). Sir, I seek your protection. It is a vital question. All the things which are rejected by multinationals and foreign countries are being dumped in our country. We are talking of the indigenous manufacture of abortifacients. I welcome that, but till the aborifacients are developed in our country for safe use by women, you are allowing the foreign countries to dump....

MR. CHAIRMAN: Your question has some relationship with the main question. The Minister is free to answer it.

SHRI B. SHANKARANAND: Sir, the hon. Member has rightly expressed her concern about the health of the women of this country. We will not allow any dumping by any mulnational companies at the cost of the health of our people, especially the women of this country. (*Interruptions*)

MR. CHAIRMAN: You have to give notice for a larger question like this. This is not a part of this question. Yes, Shrimati Sarala Maheshwari.

श्रीमती सरला माहेश्वरी : माननीय सभापति महोदय, सरकार की आबादी नीति और परिवार नियोजन नीति का सारे-का-सारा दारोमदार, सारे-का-सारा भार महिलाओं पर छोड़ दिया गया है। मैं मंत्री महोदय से जानना चाहती हूं कि एक स्वास्थ्य मंत्री होने के नाते क्या आपकी चिंता का यह विषय नहीं बनता क्योंकि एक तरफ तो हमारा श्रम मंत्रालय महिलाओं को प्राप्त श्रम अधिकारों से वंचित कर रहा है, मातृत्व के अधिकार से उन्हें वंचित कर रहा है, दूसरी तरफ ऐसी गर्भ-निरोधक दवाइयां हमारे हिन्दुस्तान के बाजार में खुले आम मिल रही हैं जिनके कि तमाम नकारात्मक साइड इफेक्टस को भी देखा गया है। सभापति जी, महिला मरीज अस्पतालों में जाकर शिकायत करती हैं कि उन्हें कितनी असुविधा का सामना करना पड़ रहा है। इसके बावजूद "नोर प्लांट" की तरह की अनाप-शनाप ऐसी गर्भ निरोधक दवाइयां हमारे बाजार में हैं। मैं जानना चाहूंगी कि उनको रोकने के

लिये सरकार या स्वास्थ्य मंत्री क्या कर रहे हैं ? क्या इसका सारा भार महिलाओं पर छोड़कर हम आबादी नियंत्रण का काम कर पायेंगे क्योंकि उनको दूसरी सुविधायें या बुनियादी सुविधायें तो आप दे नहीं रहे हैं, लेकिन आप गर्भ-नियंत्रण का सारा भार महिलाओं पर छोड़ रहे हैं । मैं जानना चाहूंगी कि आपकी स्वास्थ्य नीति का क्या मूल्यांकन है और क्या आप अपनी अपनी स्वास्थ्य नीति का पुनर्मूल्यांकन करेंगे ताकि सारा-का-सारा भार महिलाओं पर न पड़े ?

MR. CHAIRMAN: Please conclude your question. This is the same kind of question.

SHRIMATI SARALA MAHESHWARI: Is he ready to review his health policy or not? He should give a reply to this question.

SHRIMATI JAYANTHI NATARAJAN: Please allow half-an-hour discussion.

MR. CHAIRMAN: Please give notice.

SHRI B. SHANKARANAND: I appreciate the anger and agitation of the hon. lady Members of this House, and on behalf of the male Members also I share the concern expressed by them. Here I would like to assure the House that under the Drug Control rules we are not allowing anything in the market which will go against the health of the people—particularly against the health of women.

*242. [The Questioner (Shri Ramdas agarwal) was absent. For answer vide col. ... infra]

Details of various ports in Maharashtra

*243. SHRI GOVINDRAO ADIK:†
DR. SHRIKANT RAMCHANDRA JICHKAR:

Will the Minister of SURFACE TRANSPORT be pleased to state:

(a) what is the total traffic at various ports in Maharashtra;

(b) what is the total revenue earned annually by the Central Government from these ports; and

(c) what are the schemes proposed to be undertaken by Government to improve these ports?

THE MINISTER OF STATE OF THE MINISTRY OF SURFACE TRANSPORT (SHR JAGDISH TYTLER): (a) to (c) A statement is laid on the Table of the Rajya Sabha.

Statement

(a) and (b) In Maharashtra, there are two maor ports, namely, Bombay Port and J. L. Nehru Port and 52 minor ports. Minor Ports fall within the jurisdiction of the State Government and no revenue is earned by the Central Government from these Ports. Details of traffic handled during 1992-93 and 1993-94 (upto February, 1994) and revenue earned during 1992-93 by the two Major Ports are as under:—

	Traffic handled (In million tonnes)		Revenue earned (Rs. in crores)
	1992-93	1993-94£	1992-93
Bomday Port	29.8	28 33	145 35
J.L. Nehru Port	3.01	3.16	23.37

Figures for the April, 1993 to February, 1994.

(c) The following major schemes have been included in the Eighth Five Year Plan for development of these two major ports:

Bombay Port ..

1. Replacement of Pir Pau oil Pier.

2. Replacement of Sub—Marine Pipeline including loading arms.

3. Replacement of Grab Dredger Vikas and

4. Installation of V.T.M.S. (Vessel (Traffic Management System).

†The question was actually asked on the floor of the House by Shri Govind Rao Adik.